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STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If ty over the lines	
WellPoint, Inc	WELLPAC	
ADDRESS (number and	treet) 120 Monument Circle	
(Check if address is changed)		
	Indianapolis	IN 46204 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	Tracy.Winn@anthem.com	
is changed)		
COMMITTEE'S WED	DACE ADDRESS (LIDL)	
	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 1.0	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C0019722	3
4. IS THIS STATEM	ENT NEW (N) OR X AM	ENDED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it FreasurerMr. John Willey	is true, correct and complete
Signature of Treasurer	Electronically Filed by Mr. John Willey	Date 10 / 21 / 2009
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person	
Office Use Only	Federal Toll Free	rer information contact: Election Commission 800-424-9530 800-424-9530 (Revised 02/2009) 2004 1100